



Accident Report Form

In the event of an accident, the following procedure should be followed by the Colebridge:

- Fill in 2 copies of the Accident reporting form for **ALL** accidents.
- Make contact with parents/guardians.
- One copy of form in incident folder / draw.
- Forward 1 copy to designated person (Kate Hughes) for record keeping/action required.
- Contact emergency services/GP if required.
- Record in detail all facts surrounding the accident, witness's etc.
- Any further action.
- Sign off on any action required from the Club Secretary.

Name of organisation: Colebridge Table Tennis Club				
Coach in attendance:				
Address:	Rear of 73 Colebrook Road Shirley West Midlands B90 2JZ			
Day time/ evening Tel No:				
Email address:				

Injured person information				
Name of injured child / person:				
Address:				
Date of birth:				
Gender:		Male	/	Female

Accident information: (To be recorded by Colebride	ge and shared with relevant staff and parents / carers)
Date of accident:	Time of accident:
Date reported:	Time reported:
Accident reported by who:	
Location of accident:	
Details of injury:	
Nature and how accident happened:	
Did anyone witness the	Yes / No
accident: Name of witnesses:	(If yes, state witness name/s and details below)
First aid involved:	
(please provide details): Parents / carers notified:	Yes / No
ruleilis / Culeis Hollileu.	(If yes, by whom and when below)
Parents / carers notified by	
whom and when:	
Form completed by:	
Recommended action to be taken:	
Refer to designated Person's:	Yes / No (If yes, signature and name below)
Signature:	, , , ,
Print name:	
Has the young person	Yes / No
returned to the organisation:	
Signature of management representative:	
Print name:	
Role within organisation:	